



PHYSICIAN CERTIFICATION
EXPERIMENTAL/INVESTIGATIONAL REVIEWS

(For Requesting or Treating Physician)

INSTRUCTIONS/PURPOSE: This form is required to process Independent Medical Review (IMR) applications by health plan members when a health care service has been denied based on a decision that it is investigational or experimental. The form **must be completed by the requesting or treating physician** and, if possible, forwarded along with the IMR application or a copy. Without the timely and accurate completion of this form, IMR applications will be delayed or cannot be processed. **Please attach any additional information that may assist us in determining whether the request is eligible for IMR.**

Patient: _____ IMR #: _____ Health Plan: _____

PHYSICIAN (PLEASE PRINT):

Physician: _____

Office contact person: _____

Phone: _____

Fax: _____

Contracted with Plan: Yes / No

1. In my medical opinion as the patient's physician, I certify:

- ☐ 1) The Enrollee has a ☐ terminal, ☐ life threatening condition, ☐ or a seriously debilitating condition; and
- ☐ 2) Please indicate if one or more applies:
- ☐ Standard therapies have not been effective in improving the Enrollee's condition.
- ☐ Standard therapies would not be medically appropriate for the Enrollee.
- ☐ There is no standard therapy that is more beneficial.
- ☐ 3) The plan has denied treatment that I recommend. In my medical opinion, based on current clinical literature and medical evidence, this treatment is likely to be more beneficial to the patient than any available standard therapies.

2. The recommended experimental or investigational service for the patient is:

3. I have relied on the following evidence in making this determination:

NOTE: For Non-Contracted Providers or Enrollees requesting IMR on their own: Copies or citations to two documents from specialized medical and scientific literature sources are required to support the recommended treatment above certification that the requested therapy is likely to be more beneficial than any available standard therapy. Contracted providers can but are not required to provide references. (See reverse.)

PHYSICIAN'S SIGNATURE: _____

Date: _____

SEE REVERSE FOR:

- where to send this form or request additional instructions
- how to recommend an expedited review
- a list of the medical and scientific literature sources

WHERE TO SEND THIS FORM: The form and any additional desired records/documentation should be provided to the requesting patient or, if an IMR application has already been submitted to the Department, forwarded by facsimile - (916) 229-4328 - or overnight mail directly to:

**Department of Managed Health Care
HMO Help Center, IMR Branch
980 Ninth Street, Suite 500
Sacramento, CA 95814**

ADDITIONAL INFORMATION: If you have any questions, the Department can be reached at: (888) HMO-2219. The Department's web site is www.hmohelp.ca.gov.

Expediting the IMR Determination

Reviews may be expedited for situations where the treatment would be significantly less effective if not promptly initiated. Standard reviews are completed within 30 days after receiving all of the relevant medical records; expedited reviews are completed within seven days. Please provide the explanation for an expedited IMR application request (or attach additional information):

I certify this review must be completed within seven days for an expedited review and cannot wait for a standard review.

Physician signature

Medical and Scientific References for Independent Medical Review Requests [From California Health & Safety Code 1370.4(d)]

1. Peer-reviewed scientific studies published in or accepted for publication by medical journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not a part of the editorial staff;
2. Peer-reviewed literature, biomedical compendia, and other medical literature that meet the criteria of the National Institute of Health's National Library of Medicine for indexing in Index Medicus, Excerpta Medicus (EMBASE), Medline, and MEDLARS database Health Services Technology Assessment Research (HSTAR);
3. Medical journals recognized by the Secretary of Health and Human Services, under Section 1861(t)(2) of the Social Security Act;
4. The following standard reference compendia: The American Hospital Formulary Service-Drug Information, the American Medical Association Drug Evaluation, the American Dental Association Accepted Dental Therapeutics, and the United States Pharmacopoeia-Drug Information;
5. Findings, studies and research conducted by or under the auspices of federal government agencies and nationally recognized federal research institutes including the Federal Agency for Health Care Policy and Research, National Institutes of Health, National Cancer Institute, National Academy of Sciences, Health Care Financing Administration, Congressional Office of Technology Assessment, and any national board recognized by the National Institutes of Health for the purpose of evaluating the medical value of health services; or
6. Peer-reviewed abstracts accepted for presentation at major medical association meetings.